

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-035961
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **8909**

FILED SEP 24 1962

VS 300
Rev. 4/59

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USE BLACK INK
OR
TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in lb Entire Life	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4750 Plover		d. STREET ADDRESS (If outside, give location) 4750 Plover	
3. NAME OF DECEASED (Type or print) First Oliver Middle S. Last Bravks		4. DATE OF DEATH Month Sept Day 14 Year 1962	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-16-1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur		10b. KIND OF BUSINESS OR INDUSTRY Board of Education	11. BIRTHPLACE (City and state or country) St. Louis
13a. FATHER'S NAME George Bravks		13b. MOTHER'S MAIDEN NAME Lucinda Crawford	14. NAME OF HUSBAND OR WIFE Edna Bravks
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		17. INFORMANT Edna Bravks - 4750 Plover	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Infarction Myocardium DUE TO (b) Coronary thrombosis DUE TO (c) Arteriosclerosis Heart Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 6:20 a.m. p.m. Month, Day, Year Sept 14 1962		20f. CITY, TOWN, OR LOCATION St. Louis	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
21. I attended the deceased from Sept 14 1962 to Sept 14 1962 and last saw him alive on Sept 11 1962 Death occurred at 6:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE North Desener		22b. ADDRESS 206 Northland Med	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept 17-1962	
24. FUNERAL DIRECTOR Earl Koch + Son - 3516 N. 14th		25. DATE RECD. BY LOCAL REG. SEP 14 1962	
23c. NAME OF CEMETERY OR CREMATORY Calvar. Cemetery		23d. LOCATION (City, town, or county) St. Louis Mo	
26. REGISTRAR'S SIGNATURE Loan Smith. M.D.		27. DATE SIGNED 9-14-62	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

V. E. Morris

Licensed Embalmer No. 3360

P. O. Address

St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.